

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO:  
10/584218

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED				AFTER 1st AMENDMENT				AFTER 2nd AMENDMENT					AS FILED				AFTER 1st AMENDMENT					
	IND.		DEP.		IND.		DEP.		IND.		DEP.			IND.		DEP.		IND.		DEP.			
	1	/	/	/	/	/	/	/	/	/	/	/	51										
2	/	/	/	/	/	/	/	/	/	/	/	/	52										
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50													100										
TOTAL IND.													↓	2	↓								
TOTAL DEP.													←	34	←	←	←						
TOTAL CLAIMS													36										